## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



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fee notifications

or Fax (703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. As further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as defined and the current correspondence address as the property of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence address and the current correspondence address are current correspondence address. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up-with any corrections or use Block 1) 000026568 7590 12/17/2003 COOK, ALEX, MCFARRON, MANZO, CUMMINGS & Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. MEHLER LTD **SUITE 2850** 200 WEST ADAMS STREET (Depositor's name) CHICAGO, IL 60606 (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 876P138 7871 09/967.041 09/28/2001 Yongsoo Chung TITLE OF INVENTION: SINGLE STRENGTH JUICE DEACIDIFICATION INCORPORATING JUICE DOME APPLN, TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE 03/17/2004 NO \$1330 \$300 \$1630 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 1761 PRATT, HELEN F 426-271000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single  $\hfill \Box$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent "Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignce category or categories (will not be printed on the patent); individual corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Fayment of Fee(s): ☐ Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies \_ ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Synfature)

(Date) 2004

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Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complet if Known				
Application Number	09/967,041			
Filing Date	September 28, 2001			
First Named Inventor	Yongsoo Chung			
Examiner Name	Helen Pratt			
Art Unit	1761			
Attorney Docket No.	0876-0138			

Check Credit card Money Order None    Deposit Account: Deposit Account:   Deposit Account	<u>d</u>
Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Name  The Commissioner is authorized to: (check all that apply)  Charge any additional fee(s) indicated below Credit any overpayments  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  FEE CALCULATION  1. BASIC FILING FEE Large Entity Small Entity  Fee Fee Code (\$)  Code (\$)  Fee Pee Code (\$)  Surcharge - late filing fee or oath  1051 130 2051 65 Surcharge - late provisional filing fee or cover sheet  1052 250 2052 25 Surcharge - late provisional filing fee or cover sheet  1053 130 1053 130 Non-English specification  1812 2,520 1812 2,520 For filing a request for ex parte reexamination  1804 920° 1804 920° Requesting publication of SIR prior to Examiner action  1805 1,840° 1805 1,840° Requesting publication of SIR after Examiner action  1251 110 2251 55 Extension for reply within first month  1252 410 2252 205 Extension for reply within third month	
Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Name  Cook,Alex,McFarron, Manzo Name  The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) during the pendency of this application  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  FEE CALCULATION  1. BASIC FILING FEE Large Entity  Small Entity  Fee Pee Code (\$)  C	id
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Code (\$) Code (\$)	4
1001 750 2001 375 Utility filing fee 1255 1,970 2255 985 Extension for reply within fifth month	4
1002 330 2002 165 Design filing fee 1401 320 2401 160 Notice of Appeal	4
1003 520 2003 260 Plant filing fee 1402 320 2402 160 Filing a brief in support of an appeal	4
1004 750 2004 375 Reissue filing fee 1403 280 2403 140 Request for oral hearing	4
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding	4
SUBTOTAL (1) (\$) 1452 110 2452 55 Petition to revive - unavoidable	$\dashv$
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	$\dashv$
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Extra Claims below Fee Paid 1502 470 2502 235 Design issue fee  Total Claims 20** = X 1503 630 3503 315 Plant issue fee	$\dashv$
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Fee Fee Fee Fee Fee Description	$\dashv$
Code (\$)   Code (\$)   8021   40   8021   40   Recording each patent assignment per property (times number of properties)	_
1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280 2203 140 Multiple dependent claim, if not paid 1810 750 2810 375 For each additional invention to be	┪
1204 84 2204 42 ** Reissue independent claims examined (37 CFR 1.129(b))	$\dashv$
over original patent 1801 750 2801 375 Request for Continued Examination (RCE)	_
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination and over original patent of a design application	
Other fee (specify) Publication Fee 300.0	
**Or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,630.00	_

SUBMITTED BY (Complete (if applicable)					(if applicable)
Name (Print/Type)	Stephen B. Heller	Registration No. (Attorney/Agent)	30,181	Telephone	312-236-8500
Signature	Stephen B. NOVB			Date	February 5, 2004

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